

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445207	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/21/2014
NAME OF PROVIDER OR SUPPLIER WEXFORD HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2421 JOHN B DENNIS HIGHWAY KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 051 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to have smoke detectors away from direct air flow.</p> <p>The findings include:</p> <p>Observation and interview with the environmental services director on October 20th, 2014 between 8:00 a.m. and 9:00 a.m. confirmed smoke detectors in the following locations are within 3</p>	K 051	<p>K 051:</p> <ol style="list-style-type: none"> 1. Smoke detectors located 1) In corridor by room 516, 2) In the kitchenette of the 500 wing, 3) the 500 wing med room, and 4) the laundry room washing area have all been moved greater than 3 feet away from air flow vents. 2. No other smoke detectors were found to be within 3 feet of an air flow vent 3. Contractor responsible for servicing our smoke detectors has been educated regarding the requirement. 4. Smoke detectors will be monitored on annual inspections for proper placement during sensitivity testing. 	11/30/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Executive Director

11/6/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 051	<p>Continued From page 1 feet of air flow:</p> <ol style="list-style-type: none">1) In corridor by room 516.2) In the kitchenette of the 500 wing.3) The 500 wing Med Room.4) In the laundry room washing area. (NFPA 72, 2-3.5.1*) <p>These findings were verified by the environmental services director and acknowledged by the administrator during the exit conference on October 21st, 2014.</p>	K 051			